

116TH CONGRESS  
2D SESSION

# H. R. 2519

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 30 (legislative day, SEPTEMBER 29), 2020

Received; read twice and referred to the Committee on Health, Education,  
Labor, and Pensions

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## AN ACT

To authorize the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, to award grants to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improving Mental  
5 Health Access from the Emergency Department Act of  
6 2020”.

7 **SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR**  
8 **ACUTE MENTAL HEALTH ILLNESS AFTER AN**  
9 **EMERGENCY DEPARTMENT ENCOUNTER.**

10       The Public Health Service Act is amended by insert-  
11 ing after section 520J of such Act (42 U.S.C. 290bb–31)  
12 the following new section:

13 **“SEC. 520J-1. SECURING APPROPRIATE FOLLOW-ON CARE**  
14 **FOR ACUTE MENTAL HEALTH ILLNESS AFTER**  
15 **AN EMERGENCY DEPARTMENT ENCOUNTER.**

16       “(a) IN GENERAL.—The Secretary may award grants  
17 on a competitive basis to qualifying health providers to  
18 implement innovative approaches to securing prompt ac-  
19 cess to appropriate follow-on care for individuals who ex-  
20 perience an acute mental health episode and present for  
21 care in an emergency department.

22       “(b) ELIGIBLE GRANT RECIPIENTS.—In this section,  
23 the term ‘qualifying health provider’ means a health care  
24 facility licensed under applicable law that—

25           “(1) has an emergency department;

1           “(2) is staffed by medical personnel (such as  
2        emergency physicians, psychiatrists, psychiatric reg-  
3        istered nurses, mental health technicians, clinical so-  
4        cial workers, psychologists, and therapists) capable  
5        of providing treatment focused on stabilizing acute  
6        mental health conditions and assisting patients to  
7        access resources to continue treatment in the least  
8        restrictive appropriate setting; and

9           “(3) has arrangements in place with other pro-  
10      viders of care that can provide a full range of medi-  
11      cally appropriate, evidence-based services for the  
12      treatment of acute mental health episodes.

13          “(c) USE OF FUNDS.—A qualifying health provider  
14      receiving funds under this section shall use such funds to  
15      create, support, or expand programs or projects intended  
16      to assist individuals who are treated at the provider’s  
17      emergency department for acute mental health episodes  
18      and to expeditiously transition such individuals to an ap-  
19      propriate facility or setting for follow-on care. Such use  
20      of funds may support the following:

21           “(1) Expediting placement in appropriate facili-  
22      ties through activities such as expanded coordination  
23      with regional service providers, assessment, peer  
24      navigators, bed availability tracking and manage-  
25      ment, transfer protocol development, networking in-

1       frastructure development, and transportation serv-  
2       ices.

3           “(2) Increasing the supply of inpatient psy-  
4       chiatric beds and alternative care settings such as  
5       regional emergency psychiatric facilities.

6           “(3) Use of alternative approaches to providing  
7       psychiatric care in the emergency department set-  
8       ting, including through tele-psychiatric support and  
9       other remote psychiatric consultation, implemen-  
10      tation of peak period crisis clinics, or creation of psy-  
11      chiatric emergency service units.

12          “(4) Use of approaches that include proactive  
13       followup such as telephone check-ins, telemedicine,  
14       or other technology-based outreach to individuals  
15       during the period of transition.

16          “(5) Such other activities as are determined by  
17       the Secretary to be appropriate, consistent with sub-  
18       section (a).

19           “(d) APPLICATION.—A qualifying health provider de-  
20       siring a grant under this section shall prepare and submit  
21       an application to the Secretary at such time and in such  
22       manner as the Secretary may require. At a minimum, the  
23       application shall include the following:

24           “(1) A description of identified need for acute  
25       mental health services in the provider’s service area.

1           “(2) A description of the existing efforts of the  
2 provider to meet the need for acute mental health  
3 services in the service area, and identified gaps in  
4 the provision of such services.

5           “(3) A description of the proposed use of funds  
6 to meet the need and gaps identified pursuant to  
7 paragraph (2).

8           “(4) A description of how the provider will co-  
9 ordinate efforts with Federal, State, local, and pri-  
10 vate entities within the service area.

11          “(5) A description of program objectives, how  
12 the objectives are proposed to be met, and how the  
13 provider will evaluate outcomes relative to objectives.

14          “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
15 carry out this section, there is authorized to be appro-  
16 priated \$15,000,000 for each of fiscal years 2021 through  
17 2025.”.

Passed the House of Representatives September 29,  
2020.

Attest:

CHERYL L. JOHNSON,

*Clerk.*